

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212553909				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME: The Healing Place 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: K. DENNIS SISK 700 DINWIDDIE AVE RICHMOND, VA 23224 </div> <div style="width: 35%;"> DUE DATE: 11/30/2012 SCC ID NO: 05489703 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED		
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY						
4.) STATE OR COUNTRY OF INCORPORATION: VA						
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 700 DINWIDDIE AVENUE CITY/ST/ZIP: RICHMOND, VA 23224 </div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KEITH EVANS TITLE: PRESIDENT ADDRESS: 4544 SHIRLEY ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23225 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> <td style="width: 30%;"></td> </tr> </table>			NAME: KEITH EVANS TITLE: PRESIDENT ADDRESS: 4544 SHIRLEY ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23225	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW BRYANT SECRETARY 1206 WILIMINGTON AVENUE RICHMOND, VA 23227	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERRIE BRACH DIRECTOR 7219 Battlion Drive Mechanicsville, VA 23116	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Suzanne M. Burger DIRECTOR 412 Poplar Hill Court Richmond, VA 23229	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Earl C. Cox DIRECTOR 12088 Grassy Creek Lane Ashland, VA 23005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Daisy Byrd DIRECTOR 16109 Founders Bridge Terr. Midlothian, VA 23113	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ KEITH EVANS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KEITH EVANS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/8/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		